



APPLICATION FOR NUTRIENT MANAGEMENT RECERTIFICATION

Section 4 VAC 5-15-80, Certificate Renewal, of the Nutrient Management Training and Certification Regulations lists the requirements for renewal of your certificate. Please complete the following form and return it with the renewal fee to the address below. Any questions you have you may call Susan Townsend or Dave Kindig at (804) 371-8095.

Mail To:

Department of Conservation & Recreation
Division of Soil & Water Conservation
P. O. Box 1425
Tappahannock, VA 22560
Phone: (804) 443-6752
FAX: (804) 443-4534

Application Fee \$100.00

Enclose check or money order **Payable** to “*Treasurer of Virginia*”

For Agency Use Only

Date App. Rec'd _____
Check Number _____
Check Date _____
DCR Receipt _____
DCR Date _____
Exam Date _____

1. APPLICANT

SS #: _____

Name: _____

Address: _____ Phone #: _____

City

State

Zip

2. EMPLOYMENT/BUSINESS INFORMATION

a. Present Employment

Agency or Business Name: _____ Employment Date: _____

Address: _____

City

State

Zip

Phone #: _____ Mobile #: _____

Position Held: _____ Supervisor: _____

Duties: _____

Nature of work (check as many as apply:) ☐ Sales, ☐ Application or Permitting of: ☐ Fertilizer
☐ Biosolids ☐ Manure; ☐ Crop Consultant; ☐ Farming ☐ Government Agency: _____;
Other _____

3. Enclose check or money order for renewal fee of \$100.00 made payable to “Treasurer of Virginia.”

4. Nutrient Management Continuing Education Course(s) Attended and Plans Written:

You are required to list 4 hours of Department of Conservation and Recreation (DCR) approved continuing education, and the completion of at least one nutrient management plan or an additional 4 hours of approved continuing education.

Course Title: _____ Sponsor: _____

Location: _____ Date(s): _____

Course Title: _____ Sponsor: _____

Location: _____ Date(s): _____

Course Title: _____ Sponsor: _____

Location: _____ Date(s): _____

Nutrient Management Plans Written over the past two years:

Total Number: _____

5. I hereby apply for nutrient management recertification in accordance with the provisions of §10.1-104.2 of the Code of Virginia, agree to comply with the Nutrient Management Training and Certification regulations, and certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date